

I request that the United States Patent and Trademark Office grant a U.S. patent for the invention described and claimed in the specification identified above.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Inventor Philip Marc Stewart

Inventor's Signature Philip Marc Stewart

Date 09/30/04

Residence City/State Greenville, Ohio

Citizenship United States

Post Office Address 5320 Tamarack Trail, OH 45331

Full name of Inventor Allen Chris Herr

Inventor's Signature _____

Date _____

Residence City/State Goshen, Indiana

Citizenship United States

Post Office Address 705 South 6th Street, Goshen, IN 46526

Full name of Inventor Donald L. Wade

Inventor's Signature _____

Date _____

Residence City/State Goshen, Indiana

Citizenship United States

Post Office Address 20111 County Road 40, Goshen, IN 46526

DECLARATION, POWER OF ATTORNEY, AND PETITION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL EXAMINATION TABLE

the specification of which (check one below):

- ☒ is attached hereto.
- ☐ was filed on ____ as Application Serial No. ____ or Express Mail No. ____, and was amended on ____ (if applicable).
- ☐ was filed on ____ as PCT International Application No. ____, and as amended under PCT Article 19 on ____ (if any).

I have reviewed and understand the contents of the specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed?

(Number)

(Country)

Day/Month/Year Filed

() Yes () No

(Number)

(Country)

Day/Month/Year Filed

() Yes () No

(Number)

(Country)

Day/Month/Year Filed

() Yes () No

I hereby claim the benefit under Title 35, United States Code, §120 and/or §119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Serial No.)

(Filing Date)

(Status: Patented, Pending, or Abandoned)

(Serial No.)

(Filing Date)

(Status: Patented, Pending, or Abandoned)

(Serial No.)

(Filing Date)

(Status: Patented, Pending, or Abandoned)

I appoint the practitioners associated with the customer number 26,875 to be my attorneys or agents, with full power of substitute and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence and telephone calls to

David W. Dorton

Address of customer number 26,875

Telephone (513) 241-2324

Facsimile (513) 241-6234

Full name of Inventor Richard Lee TurnerInventor's Signature Richard Lee Turner Date 9/30/04Residence City/State Celina, Ohio Citizenship United StatesPost Office Address 112 Pleasant View Drive, Celina, OH 45822Full name of Inventor Jon Edward WellsInventor's Signature Jon E Wells Date 9/30/07Residence City/State New Bremen, Ohio Citizenship United StatesPost Office Address 148 Reed Street, New Bremen, OH 45869